STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL066010 03/16/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET **RICH SQUARE VILLA** RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on March 16. 2016. Records indicate this facility was first licensed as a Home for the Aged serving 38 residents on May 1, 1984. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (Revision 5) North Carolina Building Code(s), Institutional Occupancy. Deficiencies were noted which will require a new plan of correction. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Fire Alarm Panel Annual Test Report. C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

10A NCAC 13F .0305 PHYSICAL

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL066010	B. WING		03/1	6/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RICH SQUARE VILLA 310 N MAIN STREET RICH SQUARE, NC 27869						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 160	(1) The outside grofacilities shall be modified condition; This Rule is not moderate and the condition condition; This Rule is not moderate and condition condition; This Rule is not moderate and condition conditions and conditions are conditionally conditions. This Rule is not moderate and conditions are conditions. This Rule is not moderate and conditions are conditions. This Rule is not moderate and conditions.	ents for outside premises are: bunds of new and existing aintained in a clean and safe et as evidenced by: vation, the facility components d in a safe manner. broken window	C 160			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based on obser and furnishings in b were not maintaine Findings include:	06 HOUSEKEEPING AND	C 164			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL066010	B. WING		03/1	6/2016
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE	-	
RICH SQ	UARE VILLA		N STREET			
			IARE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2	C 164			
	worn off of it c) Bedroom 6 has loose/missing on th d) Bedroom 3 has loose/missing on th e) Bedroom 2 has loose/missing on th	furniture with handles e drawers. furniture with handles e drawers. urniture with handles				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in a safe the fire-resistance r	ation, the building was not e manner by not maintaining ating of building components. I residents by not containing he room or smoke				
	penetrated by an or inside, and an unse	barrier wall over room 7 was ben sleeve that has no sealant aled sprinkler pipe hole in the wall next to the				

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wardrobe.

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
		HAL066010	B. WING		03/1	6/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
RICH SQ	UARE VILLA		IN STREET IARE, NC 2	7869			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 3	C 189				
	in the corridor wall d) Rated fan enclor damaged e) Rated fan enclor damaged f) In the corridor ou ceiling joints are se g) Room 1 has a s h) Room 25 has or one closet escutche	prinkler escutcheon missing ne escutcheon dropped, and					
	conformance with through penetration	openings are not in he requirement to use a fire stop system that has ordance with ASTM E-814.					
	were not maintaine	vation, the facility components d operable by having doors ompletely and latch.					
	knob, b) The exterior doo scrubs frame and w Room 7 has a hole 3. Based on observe protection equipme the facility safe. The the systems failed the fire.	s have issues: from door has a loose door r to the Sprinkler Riser Room will not close and latch, c) in the bathroom door, vation, the building fire nt was not maintained to keep his would affect all residents if no detect smoke or suppress a					
	Findings include: a. The sample tube	s for the HVAC duct mounted					

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and Flan of Correction identification number.		A. BUILDING: 01		JOIVIE	,	
			D WINC			
		HAL066010	B. WING		03/1	6/2016
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
DICH SO	UARE VILLA	310 N MA	IN STREET			
KICH 3Q	OARE VILLA	RICH SQL	JARE, NC 2	7869		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	the cross corridor d					
	with dust.	n the Laundry are covered C sign on the outside of the				
	equipment was not	vation, the building plumbing maintained operable. This ents to a slip and fall hazard.				
	from the floor. Sec b) Room 16 has a floor	toilet coming loose from the in the corridor bath/shower				
	signage and emerg maintained in a safe	vation, the building exit ency illumination were not e manner. This would affect keeping the exits visible in an				
	the Exit door is not candle of light the eduring an emergence emergency light mice sufficient illumination b) On the right correct the Exit door is not candle of light the eduring an emergence emergency light mice.	dor the Exit/emergency light at sufficient to provide 1Foot ntire length of the corridor cy. Provide an additional dway down the hall to ensure in during an emergency. Gidor the Exit/emergency light ot sufficient to provide 1 Foot ntire length of the corridor cy. Provide an additional dway down the hall to ensure an during an emergency.				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL066010	B. WING		03/1	6/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RICH SQUARE VILLA		IN STREET JARE, NC 2	7869			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5	C 189			
		ration, the building electrical intained to keep the facility				
	Findings include: Bedroom 10 has a	broken outlet. (Fixed on site)				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per requirement does no before April 1, 1984 these specified spar (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the extension of the state of t	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;				
		et as evidenced by: vation, the building exhaust maintained in accordance with				
	not working. b) Bathroom in roo	in the shared bathroom 5/7 is m 25 has no exhaust fan n room 26 venting into the attic				

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